

WAIVER REPORTING

(REVISED 04-06-00)

DATE: 08/15/03

STATE: NV

WAIVER NUMBER: 0125.90.R3

RAI RESPONSE RECEIPT DATE: 11/17/03

90TH DAY: 02/15/04

TEMPORARY EXTENSION EXPIRES: 12/29/03

APPROVAL DATE: pending

EFFECTIVE DATE: 10/01/03

RO/CO CONTACT PERSON: Rick Spector

DESCRIPTION: This is a renewal request for Nevada's HCBS waiver for persons with mental retardation and related conditions. The changes being made are based on the philosophy of Nevada's long term strategic health care plan (Olmstead Plan) and are intended to give program participants more flexibility, choice and control of their individual care plans. Changes include the following:

1. "Residential habilitation" has been deleted as a waiver service. All participants previously receiving this service have been transitioned to "supported living arrangements" under the habilitative residential supports service. This transition has facilitated the ability of waiver participants to receive individualized support contracts based on individual needs. The definition of other waiver services (prevocational service, supported employment, habilitative residential supports) has been described in greater detail and in a manner to support person centered planning.
2. The level of care evaluation procedure has been modified. This was done to identify eligible individuals with the highest level of acuity and need for services. Due to the limited number

of institutional ICF/MR beds remaining, such individuals are given preference for institutional placement.

3. The audit trail was revised to reflect the State's transition to a CMS approved Medicaid Management Information System (MMIS) effective October 1, 2003.
4. The State has provided an acceptable response to the CMS questions about State funding.
- 5.

TARGET GROUP: (*CHECK ALL THAT APPLY*)

- | | |
|---|---|
| <input type="checkbox"/> AGED | <input type="checkbox"/> PHYSICALLY DISABLED |
| x CHILDREN | <input type="checkbox"/> AGED DISABLED |
| x ADULTS | x MR |
| <input type="checkbox"/> INAPPROPRIATELY PLACED | <input type="checkbox"/> DD |
| <input type="checkbox"/> MENTALLY ILL | MR/DD |
| <input type="checkbox"/> TBI | <input type="checkbox"/> AIDS |
| <input type="checkbox"/> CONSUMER DIRECTED | <input type="checkbox"/> TECHNOLOGY/MEDICALLY FRAGILE |

STATUS: This renewal application is approvable as submitted. The State made revisions based on informal CMS review, responded to the CMS questions about State funding and the application is now in substantial compliance with Medicaid requirements.